

DEPARTMENT OF THE TREASURY
DIVISION OF TAXATION
PO Box 269
TRENTON NJ 08695-0269

# NOTICE TO EMPLOYERS AND OTHER PREPARERS OF 2004 W-2 WAGE AND TAX STATEMENTS

In order to assist New Jersey employers and other preparers of Form W-2, Wage and Tax Statements, regarding the proper reporting of calendar year 2004 withholdings of employee contributions for:

- Unemployment Insurance,
- · Health Care Subsidy,
- Workforce Development Program
- · New Jersey Disability Insurance, and
- Medical Malpractice Insurance Premium Assistance Assessment

The New Jersey Department of Labor and Workforce Development and the New Jersey Division of Taxation have established official 2004 W-2 reporting guidelines for New Jersey. For information related to the New Jersey Department of Labor and Workforce Development call (609) 633-6400.

Filled-in sample W-2's showing the placement of the required New Jersey information are attached.

General information regarding preparation of Form W-2 and the placement of State Income Tax data can be obtained by calling the Taxation Customer Service Center at (609) 292-6400.

## 2004 W-2 SAMPLE: PREFERRED

# How to Report Worker Contributions for Unemployment Insurance, Healthcare Subsidy, Workforce Development, State Disability Insurance, Employee Withholding for New Jersey Gross Income Tax, and Medical Malpractice Insurance Premium Assistance Assessment

a Cont	rol Number								
b Employer identification number			1 Wages, tips, other compensation			2 Federal income tax withheld			
c Employer's name, address, and ZIP code			3 Social security wages			4 Social security tax withheld			
			5 Medicare wages and tips				6 Medicare tax withheld		
		7 Social security tips				8 Allocated tips			
d Employee's social security number			9 Advance EIC payment				10 Dependent care benefits		
e Emplo	yee's first name and initial	11 Nonqualified plans				12a. See instructions for box 12			
			13 Statutory Retirement Third-party employee plan sick plan				12b.		
		14. Other  ➤ UI/HC/WF -\$103.28				12c.			
f. Emplo	oyee's address and ZIP cod	➤ DI -\$121.50 DI P.P. # XXXXXXXXXX <del>&lt;</del>				12d			
15 State	Employer's state ID number	16 State wages, tips, etc.	. 17 State incom	ie tax	18 Local wages	tips, etc.	19 Local income	e tax	20 Locality name
NJ	234-567-890/000	\$32,250.00	\$525.0	0			\$3.00		<b>→</b> MMIPAA
W-2	W-2 Wage and Tax Statement  Department of Treasury - Internal Revenue Service								venue Service
	<b>\</b>	<b>\</b>	<b>↓</b>						

# New Jersey Taxpayer Identification Number

See Form NJ-927/NJ-927-W, Employer's Quarterly Report, or Form NJ-927-H, Domestic Employer Annual Report, for the number assigned. Call the New Jersey Division of Taxation Customer Service Center at (609) 292-6400 or the New Jersey Department of Labor and Workforce Development at (609) 633-6400 if you are unsure of your New Jersey Taxpayer Identification Number.

### **Worker Contributions**

- Unemployment Insurance, Healthcare Subsidy, and Workforce Development
- · State Disability Insurance

Please Note:

The Taxable Wage Base for UI/HC/WF and DI purposes for 2004 is \$24,300.00.

#### Disability Insurance Private Plan Number (DI P. P. Number)

To be entered only by employers who have an approved contributory Private Disability Plan. Phone (609) 292-2720 if you are unsure of your Private Plan Number.

### **MMIPAA**

The New Jersey State Legislature has established the Medical Malpractice Liability Insurance Premium Assistance Fund to assure that the residents of New Jersey continue to have access to highly-trained physicians in all specialties. To fund this program, an annual surcharge of \$3 per employee was added to the Annual Assessment Bill issued by the Department of Labor and Workforce Development. The employer has the option to deduct this surcharge from each employee. Only include on the W-2 if you actually deducted this surcharge from your employees' wages. Call the Assessment Office Hotline at (609) 292-7397 if you have any questions.

## 2004 W-2 SAMPLE: ACCEPTABLE ALTERNATE

# How to Report Worker Contributions for Unemployment Insurance, Healthcare Subsidy, Workforce Development, State Disability Insurance. Employee Withholding for New Jersey Gross Income Tax, and **Medical Malpractice Insurance Premium Assistance Assessment**

a Control Number						
b Employer identification number	1 Wages, tips, other of	compensation	2 Federal income tax withheld			
c Employer's name, address, and ZIP code	3 Social security wag	es	4 Social security tax withheld			
	5 Medicare wages an	d tips	6 Medicare tax withheld			
	7 Social security tips		8 Allocated tips			
d Employee's social security number	9 Advance EIC payme	ent	10 Dependent care benefits			
e Employee's first name and initial Last name	11 Nonqualified plans		12a. See instructions for box 12			
	,	rement Third-party blan sick pay	12b.			
	14. Other	<u> </u>	12c.			
fEmployee's address and ZIP code	MMIPAA - \$3	.00	12d.			
15 State	· ·	18 Local wages, tips, etc.	19 Local income tax 103.28	20 Locality name UI/HC/WF		
DI P.P. # XXXXXXXXXX			121.50	DI 🔫		
W-2 Wage and Tax Statement 20	04	Department	t of Treasury - Internal Revenue Service			
		<b>↓</b>				
► Disability Insurance New Jersey Taxpa	ver MMIPAA	•	₩ ₩ Worker Contributions			

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